

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	1,149,009.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,149,009.90
YTD Amount:	\$	5,222,656.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	12,697.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	12,697.80
YTD Amount:	\$	23,923.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	141,505.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	141,505.93
YTD Amount:	\$	289,672.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	746,894.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	746,894.13
YTD Amount:	\$	1,715,508.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	120,548.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,548.13
YTD Amount:	\$	274,588.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	88,487.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	88,487.11
YTD Amount:	\$	211,067.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	1,261,373.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,261,373.39
YTD Amount:	\$	3,330,111.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	119,680.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,680.07
YTD Amount:	\$	263,641.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	417,883.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	417,883.71
YTD Amount:	\$	978,334.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	2,523,534.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,523,534.58
YTD Amount:	\$	5,051,240.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	111,401.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	111,401.38
YTD Amount:	\$	249,723.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	661,917.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	661,917.89
YTD Amount:	\$	1,641,807.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	700,790.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	700,790.61
YTD Amount:	\$	1,669,578.17

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PAYMENT ISSUE DATE: 9/26/2014

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	148,819.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	148,819.24
YTD Amount:	\$	337,109.60

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	1,947,270.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,947,270.06
YTD Amount:	\$	3,668,710.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	383,007.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	383,007.46
YTD Amount:	\$	863,811.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	189,362.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	189,362.80
YTD Amount:	\$	399,492.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	137,577.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,577.41
YTD Amount:	\$	287,738.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	21,016,481.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	21,016,481.32
YTD Amount:	\$	53,631,749.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	370,460.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	370,460.47
YTD Amount:	\$	844,803.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	777,286.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	777,286.03
YTD Amount:	\$	1,905,026.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	67,056.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	67,056.67
YTD Amount:	\$	147,485.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	257,158.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	257,158.07
YTD Amount:	\$	562,029.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	593,460.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	593,460.41
YTD Amount:	\$	1,164,410.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	75,045.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,045.63
YTD Amount:	\$	163,685.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	134,493.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	134,493.08
YTD Amount:	\$	259,209.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	907,176.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	907,176.03
YTD Amount:	\$	1,745,518.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	346,933.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	346,933.90
YTD Amount:	\$	821,298.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	228,454.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	228,454.35
YTD Amount:	\$	528,871.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	3,765,135.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,765,135.87
YTD Amount:	\$	6,404,573.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	181,761.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	181,761.09
YTD Amount:	\$	306,158.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	86,102.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	86,102.94
YTD Amount:	\$	214,156.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	3,638,172.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,638,172.05
YTD Amount:	\$	6,854,416.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	1,539,848.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,539,848.76
YTD Amount:	\$	2,554,523.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	140,783.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,783.54
YTD Amount:	\$	322,269.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	4,046,349.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,046,349.47
YTD Amount:	\$	7,623,433.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	4,502,178.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,502,178.43
YTD Amount:	\$	7,605,958.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	7,036,464.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,036,464.31
YTD Amount:	\$	13,256,891.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	1,592,168.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,592,168.07
YTD Amount:	\$	2,999,687.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	359,170.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	359,170.32
YTD Amount:	\$	619,131.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	1,633,387.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,633,387.02
YTD Amount:	\$	3,077,346.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	589,254.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	589,254.60
YTD Amount:	\$	853,259.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	3,927,273.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,927,273.51
YTD Amount:	\$	7,399,091.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	429,306.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	429,306.34
YTD Amount:	\$	741,575.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	618,210.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	618,210.28
YTD Amount:	\$	1,450,228.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	26,725.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,725.76
YTD Amount:	\$	55,953.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	185,201.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	185,201.03
YTD Amount:	\$	419,371.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	954,178.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	954,178.63
YTD Amount:	\$	2,135,416.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	1,339,786.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,339,786.50
YTD Amount:	\$	3,262,361.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	721,530.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	721,530.35
YTD Amount:	\$	1,070,115.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	337,383.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	337,383.55
YTD Amount:	\$	800,996.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	237,393.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	237,393.01
YTD Amount:	\$	549,041.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	118,552.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	118,552.64
YTD Amount:	\$	249,193.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	748,708.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	748,708.55
YTD Amount:	\$	1,279,849.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	185,866.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	185,866.09
YTD Amount:	\$	427,092.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	376,042.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	376,042.36
YTD Amount:	\$	1,724,787.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	170,619.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	170,619.15
YTD Amount:	\$	284,004.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A

PAYMENT ISSUE DATE: 9/26/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	286,089.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	286,089.59
YTD Amount:	\$	664,527.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	138,868.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	138,868.43
YTD Amount:	\$	261,631.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

LONG BEACH CITY TREASURER
333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	630,079.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	630,079.69
YTD Amount:	\$	1,187,087.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400053A
PAYMENT ISSUE DATE: 9/26/2014

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$76,389,586.97

Gross monthly apportionment: \$76,389,586.97

Gross Claim	\$	211,227.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	211,227.48
YTD Amount:	\$	397,958.37